

FOR FISCAL USE ONLY

DATE _____

DOC NO: ADV _____

DEPARTMENT OF AGRICULTURE
OUT OF STATE TRAVEL APPROVAL
AND
TRAVEL ADVANCE REQUEST

REQUIRED PCA _____

REQUIRED SSN _____

Traveler: _____ Date of Request: _____

Date of Travel - Leave: _____ Return: _____

Destination: _____

Purpose of Travel: _____

Justification for Travel: _____

Conference Dates: _____ Location: _____

Mode of Travel: _____ Hotel: _____

Will this trip be reimbursed by another organization? Yes _____ No _____

Lodging \$ _____

Meals \$ _____

Travel _____ \$ _____

Registration \$ _____

Miscellaneous \$ _____

_____ \$ _____

_____ \$ _____

TOTAL \$ _____

ADVANCE (up to 95% of estimate)

Amount of Request \$ _____

APPROVAL

Supervisor: _____

OUT OF STATE TRAVEL

Director: _____

Date: _____

Date: _____

FISCAL USE ONLY	
PREPAID	
Airfare	\$
Lodging	\$
Registration	\$
Date	
Advance	\$